24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
House Majority PAC	C C00495028
	M / D D / Y Y Y Y
Check If 24-hour report 48-hour report New report Amends report filed on	
Full Name (Last, First, Middle Initial) of Payee Mission Control, Inc. Date	
	08
Mailing Address 114 A Mansfield Hollow Road Amount	nt
City State Zip Code	9220.01
Mansfield Center CT 06250	8329.91 ction ID : D634036
Purpose of Expenditure Direct Mail Category/ Type Office Sough	nt: House State: FL
	President District: 09
Name of Federal Candidate Supported or Opposed by Expenditure: William T. Long Check One:	
Calendar Year-To-Date Per Election Disbursemen	nt For: Primary General
50527 43 2012	ther (specify)
Full Name (Last, First, Middle Initial) of Payee Date	
Mission Control, Inc.	08
Mailing Address 114 A Mansfield Hollow Road	
Amou	nt
City State Zip Code Mansfield Center CT 06250	13052.64
Purpose of Expenditure Category/ Office Sough	nt: House State: FL
Type	Senate District: 09
Name of Federal Candidate Supported or Opposed by Expenditure: John Quinones Check One:	Support Oppose
Dishurama	nt For: Primary General
50527 43 2012	ther (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	21382.55
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL Independent Evranditures	
(c) TOTAL Independent Expenditures	21382.55
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Shannon Roche [Electronically Filed] Date 08	07 / Y Y Y Y Y Y Y Y Y Y
Signature [Electronically Filea] Date 08	07 2012